

# Washington Park zoo job shadowing information form

Student's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

Area of Interest:  
\_\_\_\_\_

Purpose for Shadowing/School Project (*Please be specific*):

Is a presentation or paper required (*circle*): Yes No

Date(s) Requested: \_\_\_\_\_

Registration Fee: \$15

Check attached \_\_\_\_\_

Credit Card: MasterCard Visa Discover American Express

Acct. No \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Registration fee must accompany the registration form. Please make your check payable to the Washington Park Zoo.